

# SBAR FOR INCLUSIVE AND EQUITABLE PATIENT CARE

SBAR is a technique that is typically used to frame conversations between health care providers regarding a patient's condition and clinical status. SBAR in this circumstance is adapted to promote respectful and inclusive patient communication and care.

Respectful Patient Care for Individuals Who Identify as LGBTQIA+ Same-Sex Couple Who Both Identify as Female	
<b>SITUATION</b>	A care provider enters a patient room to meet and establish a relationship with a female* patient and partner, who both identify as female. The patient is a 24-year-old G3, P1 woman who is 40 weeks pregnant in early labor.
<b>BACKGROUND</b>	<p>What are some of the challenges this patient and others in the LGBTQIA+ community may face because of stigma and discrimination while receiving health care?</p> <ul style="list-style-type: none"> <li>The provision of care in maternity settings has historically been based on the assumption of cis-gender heterosexuality, which has led to the exclusion of people who identify with a sexual marginalized group. However, in the United States, approximately 19% of adults who are members of sexual and/or gender minority (SGM) groups are raising 3 million children (Griggs et al., 2021).</li> <li>People who identify as LGBTQIA+ represent all levels of society and include all races, ethnicities, and ages and live throughout the United States.</li> <li>Sexual minoritized women which are defined in the literature as “women who identify as lesbian, bisexual, queer, or other non-heterosexual identities,” (Carpenter et al., 2020) may experience compounded barriers to quality maternity care due to sexual orientation-based discrimination in the health care system.</li> <li>Many who identify with a sexual marginalized group have had interactions with nurses and other clinicians in the perinatal setting that are perceived as discrimination resulting in a toxic stress response and disparate outcomes (Griggs et al., 2021).</li> </ul>
<b>ASSESSMENT</b>	<p>Based on what I know, which assessments are a top priority in establishing a positive relationship with this patient and her partner?</p> <p>Self-assessment:</p> <ul style="list-style-type: none"> <li>I will first engage in self-assessment to identify and recognize any personal bias.</li> <li>I will reflect on how my previous experiences may impact my ability to provide non-biased care.</li> <li>I will understand personal barriers to care and how to eliminate discrimination and bias.</li> </ul> <p>Patient Assessment:</p> <ul style="list-style-type: none"> <li>I will work to build trust and rapport with this patient and her partner.</li> <li>I will ask how this patient and her partner would like to be addressed by confirming their names and pronouns.</li> <li>I will ask about this patient's or her partner's previous birth experiences, listen, and validate their concerns with compassion and respect using a trauma-informed approach.</li> <li>I will ask about their newborn nutrition plans and include both parents in co-lactation, if applicable.</li> </ul>
<b>RECOMMENDATIONS</b>	<p>What actions can be taken to help this patient and her partner feel heard and understood?</p> <ul style="list-style-type: none"> <li>I will include this patient and her partner in all care decisions from admission through discharge.</li> <li>I will establish a communication style that the patient and her partner prefer.</li> <li>I will take time to listen respectfully.</li> <li>I will validate their care needs and concerns, ensuring the interprofessional team understands their preferences to deliver individualized care and support.</li> <li>I will act promptly on the signs and symptoms they express to prevent, minimize, or eliminate harm.</li> <li>I will promote skin-to-skin care for both parents to facilitate bonding.</li> <li>I will avoid assumptions about gender identity from outward appearances and use gender-inclusive language. If a mistake such as misgendering is made, I will apologize.</li> <li>I will avoid assumptions about fertility treatment, future fertility, contraception, and the need for sexually transmitted infection (STI) protection.</li> </ul>

## ACTIONS

- After hearing and documenting the patient's and/or partner's previous birth experience, I will reflect on what I can do to decrease discrimination and bias to ensure they receive respectful and compassionate care.
- I will strive to identify and address unit, hospital, and systems issues in the facility where I work that impact the overall care provided for LGBTQIA+ patients.

\*Note. Although the words “woman” and “female” are used herein, AWHONN recognizes the existence of diverse sexual orientations and gender identities. In order to provide culturally appropriate, respectful, and sensitive care, health care providers should always ask individuals what words they use to describe themselves, their bodies, and their health care practices.

### References:

- Carpenter, E., Everett, B. G., Greene, M. Z., Haider, S., Hendrick, C. E., & Higgins, J. A. (2020). Pregnancy (im)possibilities: Identifying factors that influence sexual minority women's pregnancy desires. *Social Work in Health Care, 59*(3), 180–198.
- Griggs, K. M., Waddill, C. B., Bice, A., & Ward, N. (2021). Care during pregnancy, childbirth, postpartum, and human milk feeding for individuals who identify as LGBTQ. *MCN. The American Journal of Maternal Child Nursing, 46*(1), 43–53.